

**CITY OF DULUTH FAVR PROGRAM
NEW PARTICIPANT CHECKLIST**

DRIVER NAME: _____

DATE: _____

- ☐ **Give driver copy of FAVR Program Parameters**
- ☐ **Give driver copy of the Vehicle Provision/Mileage Reimbursement Policy**
- ☐ **Give driver mileage reimbursement forms**
- ☐ **Explain to driver the definition of “business miles”**
- ☐ **Show driver the Runzheimer Web page**
- ☐ **Obtain insurance information, including the insurance declaration page**
- ☐ **Obtain all pertinent vehicle information**
- ☐ **Make a permanent driver file**
- ☐ **Inform Auditor’s Office of new driver**
- ☐ **Register driver with Runzheimer**